Entered – 09-04-01- sb CL 01L0552- ALEXIS HOLMES 01-R-1767

CLAIM OF: JOHN HOLMES

3000 Continential Colony E-78 Atlanta, Georgia 30331

For vehicular damages alleged to have been sustained as a result of driving over an unsecured construction plate in the roadway on September 10, 2001 at Auburn Avenue and Courtland Avenue.

THIS ADVERSE REPORT IS APPROVED

BY:

ROSALIND RUBENS NEWEL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0552	Date: <u>10/16/01</u>
Claimant /Victim JOHN HOLMES	
BY: (Atty)	Colony E-78 Atlanta, Georgia 30331 erty damage \$ 84.37 Bodily Injury \$
Address: 3000 Continential	Colony F-78 Atlanta Georgia 30331
Subrogation: Claim for Prope	erty damage \$ 84 37 Rodily Injury \$
Date of Notice: 8/24/01	Method: Written proper Y Improper
Conforms to Notice: O.C.G.A \$36-3	3-5 X Ante Litem (6 Mo.) Y
Date of Occurrence 8/17/01	Place: Auburn Avenue and Courtland Avenue
Department	Division.
Employee involved	erty damage \$ 84.37 Bodily Injury \$
	alleges that he sustained vehicular damages when drove his vehicle over ar
unsecured construction plate in the ro	ad. An investigation determined that the road work was performed by a
private contractor. Therefore, the private	ate contractor is the responsible entity and not the City. The claimant has
been advised to pursue his claim with t	the private contractor.
Seem were to purdue me chaim with	no private contractor.
INVESTIGATION:	
Statements: City employee Pictures X Diagrams Traffic citations issued: City Driver Citation disposition: City Driver BASIS OF RECOMMENDATION:	Claimant X Other X Written X Oral X Reports: Police Dept Report X Other Claimant Driver Claimant Driver
Function: Governmental	Ministerial Six Months Other Damages reasonable Offer rejected Compromise settlement Repair/replacement by City Forces
Improper Notice More than	Six Months Other Damages reasonable
City not involved X	Offer rejected Compromise settlement
Repair/replacement by Ins. Co.	Repair/replacement by City Forces
Claimant Negligent City	Repair/replacement by City Forces Negligent Joint Claim Abandoned
	Respectfully submitted,
	INVESTIGATOR - ALEXIS HOLMES
RECOMMENDATION:	_
A	<i>)</i>
Pay \$Adverse	
Claims Manager: White Mo	USA Concur/date
Committee Action:	Council Action

FORM 23-61

RECEI. ED AUG 24 2007

COUNCIL OF THE CITY OF ATLANTA	RE: CLAIM FOR DAMAGES
MUNICIPAL CLERK	Today's Date: 8-23-2001
City Hall 55 Trinity Avenue, S.W.	
Atlanta, Georgia 30335	ENTERED - 9-4-01 - SB
	O1LO552 - ALEXIS HOLMES
Dear Municipal Clerk:	U
This is to notify the City of Atlanta that I have suffered of and/or \$ bodily injury for whice	h I contend the City is liable.
· · · · · · · · · · · · · · · · · · ·	2. Time of Incident: 3-30 3. Police called: with the parke Yes No
4. Location of incident (including street address):	uburn Ave.
5. Name of your insurance company: South en Ge	Policy No. 1887/09
6. State what and how incident occurred:	Juburn Ave their a unpover
ins half about 2	Sfeet From Courtland ST.
	Auburn. I ran over the hole
and Cut my Tire	
7. ALL ESTIMATES AND DAMAGES ARE SUBJ RESULT IN YOUR CLAIM BEING DENIED AN	ECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL NO MAY RESULT IN CRIMINAL PROSECUTION!
proof of ownership of your vehicle (copy of the curre	icle damages, complete the following and attach two (2) estimates of repair and ent tag receipt or title).
Your vehicle: Ford focus 20	Of 757-yf0 Jan 15/165 (Tag Number) (Driver's Name)
(Make) (Year)	(Tag Number) (Driver's Name)
City vehicle:	Driver's Name) (Department/Bureau)
(Make) (City)	1 210 0000
9. Witness: Lilian Holum	
(Inditio)	
 The acknowledgment of this claim in no way State law, nor is it an admission of liability on behalf 	waives the Sovereign immunity of the City of Atlanta, as granted by of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the ad	ldress shown above.
I HEREBY SWEAR OR AFFIRM THAT THE ABO	OVE John Holmes
INFORMATION IS TRUE AND CORRECT.	(Print Claimant's Name)
John Holmes	3000 Continential Colory F-
Signature of Claimant	(Address)
\mathcal{O}	HHauta OA 30331
•	(City, State and Zip Code)
	1 266 6620 124 264 264 909

01- R-1767